

Manual Therapy Techniques for the Shoulder

LCDR Joe Strunce PT, DSc, OCS, FAAOMPT

Shoulder Techniques

- **GH Physiological Mvmts**

- **Flexion (Grade 4)**
- **Abduction (Grade 4)**
- **External Rotation (Grade 4)**
- **Internal Rotation (Grade 4)**
- **Horiz. Flexion (Grade 4)**

GH Accessory Mvmts

AP Glides in Abduction

Caudal Glides in Abduction

Caudal Glides in Flexion

AC Accessory Mvmts

AC Joint Caudal Glides

Clavicle Rotation (Wiggle)

Shoulder Flexion

Grades IV – IV+

➤ Patient position: Supine

➤ Therapist position

- Proximal hand: Reach under patient and grasp the upper trapezius muscle; forearm lies along medial border of scapula.
- Distal hand: Grasp the distal humerus in a position to stabilize the elbow joint.

➤ Mobilization technique

- Use the proximal hand to stabilize the scapula and prevent shoulder shrugging.
- Bring patient's arm into flexion to find resistance (R1 and R2). Apply small amplitude flexion mobilizations (2-3°) within this resistance.



Shoulder Abduction

Grades IV – IV+



- **Patient position: Supine**
- **Therapist position**
 - **Proximal hand:** Reach under patient and grasp the upper trapezius muscle; forearm lies along medial border of scapula.
 - **Distal hand:** Grasp the distal humerus in a position to stabilize the elbow joint.
- **Mobilization technique**
 - Use the proximal hand to stabilize the scapula and prevent shoulder shrugging.
 - Bring patient's arm into abduction to find resistance. Apply small amplitude abduction mobilizations (2-3°) within this resistance.

Shoulder External Rotation

Grades IV – IV+

➤ Patient position

- Supine, shoulder abducted and elbow flexed to 90°, upper arm resting on plinth

➤ Therapist position

- Proximal hand: Grasp the distal humerus; lay forearm across anterior shoulder for stabilization
- Distal hand: Grasp wrist and hold in a neutral position

➤ Mobilization technique

- Bring patient's arm into external rotation to find resistance. Apply graded mobilizations (~10°) within resistance.
- May be performed in various degrees of abduction based on patient symptoms and response



Shoulder Internal Rotation

Grades IV – IV+

➤ Patient position

- Supine, shoulder abducted and elbow flexed to 90°, upper arm resting on plinth

➤ Therapist position

- Proximal hand: Grasp the distal humerus; lay forearm across anterior shoulder for stabilization
- Distal hand: Grasp wrist and hold in a neutral position

➤ Mobilization technique

- Bring patient's arm into internal rotation to find resistance. Apply graded mobilizations (~10°) within resistance.
- May be performed in various degrees of abduction based on patient symptoms and response



Shoulder Horizontal Flexion

Grades IV – IV+

➤ Patient position

- Supine, shoulder and elbow flexed to 90°

➤ Therapist position

- Proximal hand: Place the heel of one hand under the medial border of scapula for stabilization
- Distal hand: Grasp wrist and hold in a neutral position
- Tuck patient's elbow into your shoulder crease

➤ Mobilization technique

- Small amplitude mobilizations into HF are applied: 1) Along humeral shaft, or 2) In a direction toward the opposite shoulder.
- Used independently or together



Glenohumeral Joint

AP Glides in Abduction (Grades III – IV)

➤ Patient position

- Supine, shoulder off plinth in abduction, elbow flexed to 90°

➤ Therapist position

- Distal hand: Grasp the patient's distal humerus and elbow; hold patient's forearm against yours
- Proximal hand: Heel of hand placed against anterior humeral head

➤ Mobilization technique

- Graded AP mobilization is applied through your mobilizing arm against the humeral head.
- May be performed in various degrees of GH ABD and HF based on patient symptoms and response



Glenohumeral Joint

Caudal Glides in Abduction (Grades III – IV)



➤ Patient position

- Supine, shoulder off plinth in abduction, elbow flexed to 90°

➤ Therapist position

- Distal hand: Grasp the patient's distal humerus and elbow; hold patient's forearm against yours
- Proximal hand: 1st web space or heel of hand placed against head of humerus (adjacent to acromion)

➤ Mobilization technique

- Graded mobilization is applied through your mobilizing hand to glide the humeral head caudally.
- Elbow may be held stationary, or carried on line with humerus or further distally– depending on irritability

Glenohumeral Joint

Caudal Glides in Full Flexion (Grade IV)

➤ Patient position

- Supine, shoulder off plinth in abduction, elbow flexed to 90°

➤ Therapist position

- Distal hand: Grasp the patient's upper arm with the lateral border of index finger against humeral head and thumb into axilla; hold patient's arm against your side.
- Proximal hand: Heel of hand placed along the lateral border of scapula

➤ Mobilization technique

- Graded mobilization is applied through your mobilizing hand to glide the humeral head caudally.
- Scapula is stabilized using firm pressure along the lateral border.



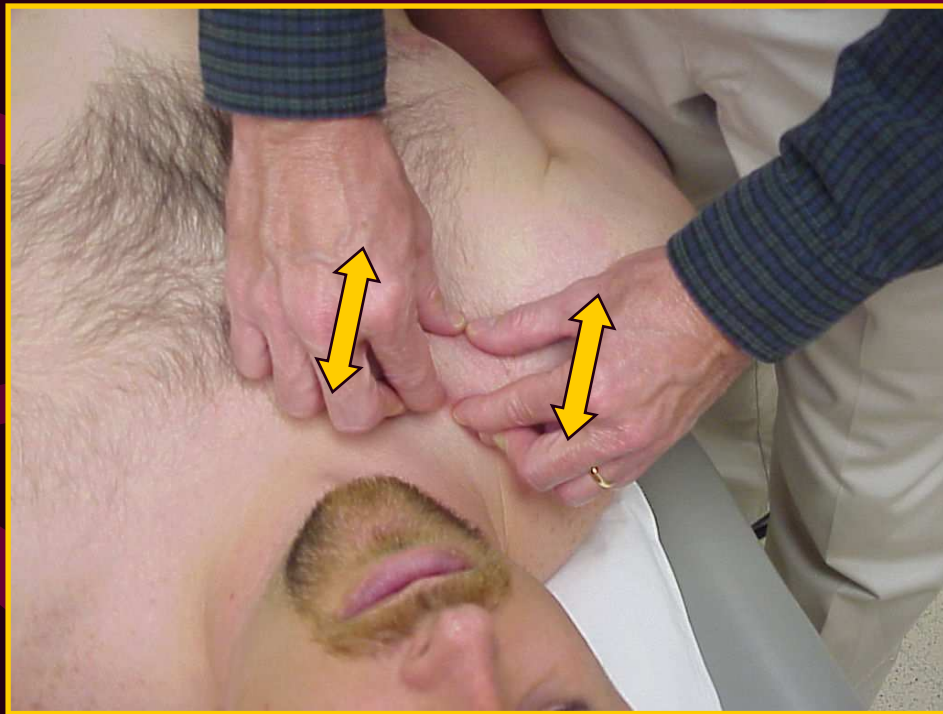
Acromioclavicular Joint

Caudal Glides



- **Patient position: Supine**
- **Therapist position**
 - Place the tips of both thumbs on the superior surface of the clavicle adjacent to the AC joint; spread fingers out for stability.
 - Position forearms in line with the caudal movement at the AC joint.
- **Mobilization technique**
 - Graded oscillatory mobilization is applied by your arms, acting through stable thumbs.
 - Pad of your outer thumb should feel the joint motion (feel for the stationary acromion process).

Clavicle Rotation (Wiggle)



- **Patient position: Supine**
- **Therapist position**
 - Stand near the patient's shoulder, facing towards the clavicle.
 - Gently grip the mid clavicle using your thumbs on the inferior edge and finger tips superiorly.
- **Mobilization technique**
 - Apply a gentle mobilization force using a rocking or “wiggling” motion through repetitive wrist flexion and extension.
 - Works as a nice easing technique following direct AC and/or SC joint mobilizations.